

Burn

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050572

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 1416

FILED DEC 16 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston		Length of stay in 1b 10 Days	
c. CITY OR TOWN Mountain Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. HUSBAND'S NAME (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co. Memorial Hospital		d. STREET ADDRESS (If outside, give location) 327 Lake Street	
3. NAME OF DECEASED (Type or print) First VI ANNA Middle MARGARET Last BALLARD		4. DATE OF DEATH Month December Day 10, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/2/1900
9. AGE (last birthday) 63 Years		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery - Retail	
11. BIRTHPLACE (City and state or country) Astoria, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Selba Hutsell		13b. MOTHER'S MAIDEN NAME Sarah Rayborn	
14. NAME OF HUSBAND OR WIFE Bevan M. Ballard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Bevan M. Ballard - Mtn. Grove, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebral Vascular Accident. DUE TO (b) Hypertensive arteriosclerosis. DUE TO (c) Degenerative Heart Disease grade IV. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral pneumonia in severe overlying infection.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I - PART II of form 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 3, 1963, to Dec 10, 1963, her death occurred at 12:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. Burnham	
22b. ADDRESS Houston, Mo		22c. DATE SIGNED 12/10/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/13/1963	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	
23d. LOCATION (City, town, or county) Mountain Grove, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Mo		25. DATE RECD. BY LOCAL REG. Dec. 13, 63	
26. REGISTRAR'S SIGNATURE Myrtie Craig			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Bob Davis

Licensed Embalmer No. 5246

P. O. Address Mrs. Howard Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.